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AFFLICTED WITH CARDIOVASCULAR DISEASES

-USSR-

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FOREWORD

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PRESSING PROBLEMS OF THE ORGANIZATION OF MEDICAL CARE FOR PATIENTS
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- USSR -

Following is the translation of an article by Candidate of Medical Sciences E. M. Gol'dzil'ber and P. I. Kali'yu (Moscow) of the Institute of the Organization of Public Health and History of Medicine imeni N. A. Semashko (Ye. D. Ashurkov, Director), in Sovetskoye Zdravookhraneniye (Soviet Public Health) Vol XIX, No 12, Moscow, 1960, pages 12-16.⁷

Problems of organization of medical care for patients with cardiovascular diseases have been attracting widespread attention of the entire medical profession, since the fight against these diseases poses one of the most pressing tasks before agencies and institutions of the Public Health Service. It is well known that cardiovascular diseases to a great extent establish the level of the overall death rate of the population, are one of the basic causes of disability, and greatly affect the level of the rate of illness with temporary disability. According to information of the VTsPS (Vsesoyuznyy Tsentral'nyy Sovet Professional'nykh Soyuzov --All-Union Central Council of Trade Unions), heart diseases and hypertensive disease occupy the third place in the number of days lost due to temporary disability. As causes of disability among industrial and other workers, these diseases occupy the first place.

The above is corroborated by a study of this problem, carried out in 1959 by the social workers of the Institute of Organization of Public Health and History of Medicine imeni N. A. Semashko, in collaboration with the Institute of Therapy of the Academy of Medical Sciences USSR at Noginsk. All of this stresses the importance and urgency of the problem.

One of the requirements for a successful fight against cardiovascular diseases is an adequate and timely solution of organizational problems of medical service for such patients. Yet such problems as the establishment of out-patient polyclinical and in-patient hospital service, dispensary and health-resort service, prevention of cardiovascular diseases, and other matters, have so far not been solved.

It is well known that starting in 1956 special cardiologic and rheumatologic departments, devoted to the study of the clinical therapy, prevention and treatment of cardiovascular diseases and rheumatism, have been established at the larger hospitals in industrial cities. This has

been a starting point for the solution of the problem of organization of a permanent service for patients with cardiovascular diseases, in the form of special departments within hospitals. In order to establish a certain regular pattern in out-patient polyclinical service for the above category of patients, a cardio-rheumatological unit was to be established in each kray or oblast city (at one of the hospitals or polyclinics) and to serve as method-developing center for organization of the fight against rheumatism and cardiovascular diseases. Such units, according to the decree of the Ministry of Public Health USSR, were to establish a direct contact with section and plant therapeutists, and provide them with diagnostic and therapeutic consultations for patients (on a kray and oblast scale).

The impracticability of putting into actual practice this most important function of the units in the organizational structure described above is quite obvious. And indeed, they proved to be impracticable, and divisional physicians have, as a rule, been left on their own in the fight against rheumatism and cardiovascular diseases within their districts. Yet the role of the divisional --both territorial and plant -- physicians, as well as of the narrow specialists of the polyclinics, in the organization and performance of this work, is extremely important.

Only in a small number of cities -- such as Moscow and Leningrad, -- were cardio-rheumatological units established at individual polyclinics. They render material assistance to the physicians of the city in raising their qualifications and practical training in this field. But these few units are unable to provide the necessary assistance to divisional doctors.

Field studies have shown that doctors in polyclinics seldom make use of available and simple laboratory tests for diagnostic purposes, in particular, of atherosclerosis and the prevention of its complications. L. I. Fogel'son, on the basis of a thorough examination and active observation of 728 patients with coronary insufficiency, arrived at the conclusion that "physicians frequently, in almost 30% of all the cases, establish the presence of coronary insufficiency (stenocardia, angina pectoris, myocardial infarction), without sufficient grounds". L. S. Shvarts, V. A. Varkivina, and others point out that "the diagnosis of atherosclerosis in the polyclinics is made for the most part on the basis of clinical, and in less than 50% of roentgenographic data". At the same time, quite frequently a diagnosis of cardiac sclerosis is made on the sole basis of complaints of a pain in the heart region.

The necessity for urgent measures for the most rational organization of the fight against cardiovascular diseases is being dictated in the most pressing way by life itself. S. Barats and Afanas'yeva are seeking a solution for this situation in the organization, within the medico-sanitary unit of the Uralmashzavod (Ural Machine Works), of a "Cardiological enforcement group comprised of two social workers of the Institute of Resorts and Physiotherapy, and two laboratory assistants, who are to provide active daily assistance to the polyclinic doctors in carrying out the prevention and treatment of cardiovascular diseases (Meditinskiy Rabotnik, 17 November 1959). As correctly pointed out by

the authors, the principal role in the fight against these diseases should be assigned to prevention, carried out by medico-sanitary units, by the public-health stations of industrial organizations, and rayon polyclinics.

An experiment in the development and organization of the work of cardio-rheumatological units at polyclinics, and the direct approximation of their activity to the actual work of a large number of physicians (and first of all of divisional therapeutists), carried out by the Institute of Organization of Public Health and History of Medicine im. N. A. Semashko in Moscow (Polyclinic No 21, L. M. Selyam, Chief Physician; Polyclinic No 117, Ye. A. Ulenkova, Physician) and in Saratov (Polyclinic No 9, V. A. Vavilova, Chief Physician), demonstrates that under these conditions such units are extremely practicable and that they perform an essential task in collaboration with the practicing physicians of the polyclinic, in the diagnosing and treatment of cardiovascular patients. In these polyclinics the organization of the cardio-rheumatological units is based on electrocardiographic diagnostic offices, staffed by a physician, a laboratory assistant and a medical nurse.

The cardio-rheumatological units are staffed with qualified therapeutists enlisted from among persons having been previously in charge of therapeutic departments, and who have first undergone special training in the clinics of medical institutes. The units are provided with special equipment, improved model of electrocardiograph, phonocardiograph, vectorcardiograph, and oscilloscope. The use of roentgenological facilities is at their disposal at any time it is required. Immunological and biochemical blood tests, if not available in the polyclinics, are done in the laboratories of the medical institute. The principal aims of these cardio-rheumatological units are: active and early diagnosing of rheumatic diseases, hypertensive diseases, atherosclerosis, and coronary insufficiency, and qualified medical service to the population for such diseases; the introduction of preventive measures among the population, directed toward lowering the rate of rheumatic and cardiovascular diseases, as well as of the mortality rate therefrom.

The physicians of the cardio-rheumatological units have familiarized the doctors of the polyclinics with the latest methods of diagnosis, treatment, pathogenesis and prevention of rheumatism. After the proper instruction, the divisional physicians selected and directed to the cardio-rheumatological units those patients from their districts who were afflicted with rheumatism, not over 30 years of age, in order to subject them to anti-recurrence therapy, as well as patients with suspicion of rheumatism, for the purpose of defining the diagnosis and prescribing the required treatment. Thus, for example, in Moscow, in polyclinic No 117 preventive antirheumatic therapy was carried out on 82 patients, in polyclinic No 21 -- on 61 patients, and in Saratov, in polyclinic No 9 -- on 52 patients. In the spring and fall these patients are given preventive therapy for a period of six weeks each time, as well as anti-rheumatic remedies in combination with physical therapy procedures and therapeutic physical culture.

It is very important to point out that the measures for an early recognition and treatment of patients with rheumatism and cardiovascular diseases are carried out by the cardio-rheumatological unit in collaboration with the divisional physicians. The unit renders consultation service to all physicians of the polyclinics both in the outpatient department and during house visits. In the more complicated cases, active observation and even treatment of patients with cardiovascular diseases is carried out in the cardio-rheumatological unit directly. As a result of the active recognition by the divisional physicians together with the physicians of the cardio-rheumatological unit of patients subject to clinical observation, a registry of patients with rheumatism, 1st and 2nd stages of hypertensive disease, atherosclerosis, and coronary insufficiency, has been set up. Thus, at polyclinic No 21 in Moscow, 206 patients, 50% of them in the 17 to 30 age bracket, have been registered for clinical observation. 148 persons have undergone initial registration at polyclinic No 117 in Moscow, and 112 persons at polyclinic No 9 in Saratov. With the participation of specialists (otolaryngologist, stomatologist, and others), physicians of the cardio-rheumatological units have compiled individual plans of sanitation measures for each clinic patient, with a history of that patient's living and working conditions (habits).

In order to insure systematic control over the clinical observation and treatment of patients, the cardio-rheumatological units have filled out and are keeping a chart for each clinic patient according to Form No 30, identical to the control charts kept by territorial and plant physicians. Daily entries are also made in the individual case history chart (out-patient chart). A combined and individual record has been set up of the results of treatment of patients with rheumatism and cardiovascular-system diseases, as well as a record of the effectiveness of preventive measures against diseases of the cardiovascular system.

A cardio-rheumatological unit at a polyclinic functions in shifts in mornings and evenings, five and a half hours a day, and sees not more than three patients an hour. Experience shows that these units daily see an average of ten first-time patients and four to six repeat patients.

A study of the function of the cardio-rheumatological units shows that in the course of a relatively short period of time they have become an integral part in the polyclinic set-up, and have found their proper basic approach and specific responsibilities in the fight against cardiovascular diseases among the population serviced by each polyclinic. It should be pointed out, however, that such units have not as yet been fully equipped with modern (up-to-date) diagnostic equipment, nor are they able, within the scope of the polyclinics, to provide the necessary immunological and biochemical tests for the patients.

The experience of the cardio-rheumatological units in Moscow and Saratov makes it possible to regard the organization of such units in the large municipal polyclinics as being very desirable for purposes of raising the quality of the diagnostics, treatment and prevention of diseases of the cardiovascular system and rheumatism, as well as for the

purpose of raising the qualifications of medical personnel in this field. The basic aims of these units should consist of active and early recognition and qualified treatment of patients with cardiovascular pathology and rheumatism, and establishment of a registry for patients with hypertensive disease, atherosclerosis, coronary insufficiency, and rheumatism. It should be the duty of such units to organize and carry out among the population serviced by them measures for the decrease and prevention of cardiovascular diseases and rheumatism. They should also be able successfully to organize and put into practice measures directed toward raising the qualifications of district therapists and pediatricians, plant surgeons and other specialists, as well as of other secondary (non-professional) medical personnel concerned with problems of cardiovascular pathology and rheumatism.

All of the above may be achieved by the cardio-rheumatological unit through consultative assistance rendered to doctors in the recognition, diagnosis, and treatment (anti-recurrent preventive therapy with bicillin, anticoagulants, antibiotics, etc.) of patients with rheumatism and other cardiovascular diseases. The cardio-rheumatological units organize a selection (through district and plant physicians) of contingents of patients subject to clinical observation, out-patient and resort-sanatorium treatment. On the basis of the rate of illness, and analysis of the effectiveness of therapy and clinical treatment of patients with cardiovascular pathology and rheumatism, the units form a complex plan of therapeutic-preventive measures and, together with the polyclinic physicians, carry out a health-education campaign among the population they service. Their work should be performed in close contact with the medical personnel of the therapeutic-preventive institutions of the region serviced.

L. Burbin (Frunze) suggests (Meditinskiy Rabotnik, 24 February 1959) the establishment in all the larger cities not only of the units, but also of rheumatological health centers, the function of which would be not only that of organization and procedure centers, but also of direct active participation in collaboration with divisional and plant physicians in carrying out the daily work of recognition of the early stages of the disease and the treatment of patients. Such a scope of work on the part of the health centers should draw the medical specialists closer to direct participation in the work and life of the workers' collective.

CONCLUSIONS

1. The experience of the cardio-rheumatological units affiliated with the larger polyclinics deserves serious attention, and the creation of such units should be recommended. It is necessary to insure a more widespread (universal) dispensary system for prevention and treatment of patients with cardiovascular diseases and rheumatism.

2. It is further advisable that in the therapeutic departments of the larger hospitals there should be established special cardiological wards, and suburban hospitals organized, of a semi-permanent type

(therapeutic nutrition, physical culture, occupational therapy, etc.) for the hospitalization of patients with cardiovascular diseases.

3. Experience shows that the use of remedies alone, without carrying out wide-scale sanitary-science measures in the fight against cardiovascular diseases does not produce the desired effect. Resort - and sanatorium therapy for patients with cardiovascular pathology should be an important link in a unified system of preventive and therapeutic measures. Considerable attention should be directed toward the correct selection of patients and organization of adequate resort and sanatorium therapy.

4. Immediate steps should be taken to acquire modern medical equipment for cardio-rheumatological units in the polyclinics, and a course of training provided for medical personnel to staff these units.

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